

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 156  
Registered No. 191

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami Insp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lawrence Eugene Miller  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 12 - 1927  
Month Day Year

8. FATHER  
Full name William Andrew Miller

9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Mountain Home  
(State or country) Arkansas

13. Occupation Millman  
Nature of industry Mining

14. MOTHER  
Full maiden name Lillian Crawford

15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

16. Color or race Cauc. 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Pauls Valley  
(State or country) Oklahoma

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4:30 P. M. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Cron M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed May 20, 1927 O. E. Dwyer  
Registrar Registrar

349-512-334